

**OFFICE OF BUILDING COMMISSIONER  
DICKSON COUNTY, TENNESSEE  
APPLICATION FOR A BUILDING PERMIT**

Map _____ Group _____ Parcel _____ Permit No. _____ Permit Void After 6 Months From Date If Construction Has Not Begun. _____ Workers Compensation Policy: Attached _____ Exempt _____	Date _____, 20____ Receipt Numbers _____ Contractor's Name _____ Contractor's License Number _____ Site Plan: Attached _____
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Application is hereby made for a permit to erect structure(s) as described herein or shown in accompanying plans to be located as shown on the accompanying plot plan. The information that follows is made a part of this application, in reliance upon which is requested the issuance of a building permit and/or certificate of occupancy. It is understood and agreed by this applicant that any error, misstatement or misrepresentation, either with or without on the part of this applicant, such as it might, or would operate to cause disapproval of this application, shall constitute sufficient grounds for the revocation of such permit.

APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

PHONE \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ADDRESS OF JOB SITE \_\_\_\_\_

TYPE OF CONSTRUCTION: NEW \_\_\_\_\_ ADDITION \_\_\_\_\_

PROPOSED USE: SINGLE FAMILY RESIDENTIAL \_\_\_\_\_

TWO FAMILY RESIDENTIAL \_\_\_\_\_

DIMENSIONS: SITE SIZE \_\_\_\_\_ ROAD FRONTAGE \_\_\_\_\_

FRONTYARD SETBACK \_\_\_\_\_ FOOT/RIGHT OF WAY OR \_\_\_\_\_ FOOT/CENTER OF RD.

SIDEYARD SETBACK \_\_\_\_\_ REARYARD SETBACK \_\_\_\_\_ LOT AREA PER UNIT \_\_\_\_\_

UTILITIES: PUBLIC WATER \_\_\_\_\_ WELL \_\_\_\_\_ SEWER \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_

SQUARE FEET OF STRUCTURE: FIRST FLOOR \_\_\_\_\_ BONUS AREA \_\_\_\_\_ GARAGE \_\_\_\_\_

SECOND FLOOR \_\_\_\_\_ UNFINISHED BASEMENT \_\_\_\_\_ CARPORT \_\_\_\_\_

TOTAL LIVING AREA \_\_\_\_\_ COVERED PORCH(ES) \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION:**

TOTAL LIVING AREA \_\_\_\_\_

BONUS AREA \_\_\_\_\_

UNFINISHED BASEMENT \_\_\_\_\_

GARAGE \_\_\_\_\_

CARPORT \_\_\_\_\_

COVERED PORCH(ES) \_\_\_\_\_

**FEES:**

BUILDING PERMIT \_\_\_\_\_

PLUMBING PERMIT \_\_\_\_\_

ADEQUATE \_\_\_\_\_

FACILITIES TAX \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

I hereby certify that the information contained within is correct and true.

APPLICANT SIGNATURE \_\_\_\_\_

PERMIT ABOVE APPLIED FOR (WILL) (WILL NOT) COMPLY WITH THE ZONING REGULATIONS FOR DICKSON COUNTY, TENNESSEE.

By \_\_\_\_\_ BUILDING COMMISSIONER

If not approved, give reasons: \_\_\_\_\_

DICKSON COUNTY BOARD OF ZONING APPEALS ON \_\_\_\_\_, 20\_\_\_\_

(granted) (denied) the issuance of a Building Permit with the following conditions: \_\_\_\_\_